

## Correctional Treatment Centers (CTC) Initial and Change of Ownership Application Checklist

The following is a list of application forms and supporting documents required for a complete application packet. Failure to include each of the forms and documents will delay processing.

Check all that apply:                       **Initial License**     **Change of Ownership (CHOW)**

### CHECKLIST AND INSTRUCTIONS - *Please submit your documents in this order*

#### REQUIRED DOCUMENTS FOR AN INITIAL LICENSE OR CHOW

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions (Each form listed also has instructions on the form)</b>
	Cover Letter	<p><b>COVER LETTER</b></p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> <li>• License number (only applicable for CHOW)</li> <li>• Facility name and address</li> <li>• Facility ID number (if known)</li> <li>• Brief description of request</li> <li>• Contact information (name, title, phone number, and email address)</li> <li>• Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: <a href="https://www.calhospitalprepare.org/cahan">CAHAN</a> (https://www.calhospitalprepare.org/cahan)</li> <li>• Signature</li> </ul>
	HS 200	<p><b>LICENSURE &amp; CERTIFICATION APPLICATION</b> [Title 22 California Code of Regulations (CCR) section 79581]</p>

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	Supporting Document	<p><b>A.11 – OFFICE OF STATEWIDE HEALTH PLANNING &amp; DEVELOPMENT (OSHPD) [22 CCR sections 79583, 79819, 79821] AND/OR CERTIFICATE OF OCCUPANCY</b></p> <p>If the facility is newly constructed or a remodeled building, or if this is not a previously licensed facility, submit the following:</p> <ul style="list-style-type: none"> <li>• Contact OSHPD or the local building authority for Title 24 clearance</li> <li>• Submit an OSHPD Certificate of Occupancy or Construction Final</li> </ul>
	Supporting Documents	<p><b>B.3 – ORGANIZATIONAL CHART – OWNER TYPE</b></p> <p>Submit an organizational chart for the public agency. The organizational chart needs to display the following:</p> <ul style="list-style-type: none"> <li>• Applicant’s directors, board members and officers</li> </ul> <p><b>Note:</b> Submit the HS 215A form for each of these individuals</p> <p>Parent company of applicant, if applicable, and all of the licensed agencies/facilities it is operating- see B.6</p>
	HS 215A	<p><b>APPLICANT INDIVIDUAL INFORMATION</b></p> <p>This form must be completed and signed for the following individuals:</p> <ul style="list-style-type: none"> <li>• Administrator of the facility</li> <li>• Medical Director</li> <li>• Director of Nursing</li> <li>• Applicant <ul style="list-style-type: none"> <li>○ Directors, board members, officers (Chief Executive Officer, President, Chief Operating Officer, Chief Financial Officer)</li> </ul> </li> </ul> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>• Page 1, section A — The date of birth is an identifier, as several people may have the same name. This will ensure</li> </ul>

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		<p>that each individual is associated with the correct facility or entity</p> <ul style="list-style-type: none"> <li>• Page 2, section D — Submit ten years of employment history, indicating the start and end dates of employment, job title, employer name and address. The applicant may submit a resume in lieu of completing section D; however, the resume must contain all required information requested in section D</li> <li>• Page 2, section E — If answering yes to any question in this section, complete and attach the facility information sheet</li> </ul>
	<p>HS 215 3<sup>rd</sup> page</p>	<p><b>FACILITY INFORMATION SHEET</b></p> <p>Each individual must complete and submit the Facility Information sheet for each facility and/or agency with which the individual has a current or past relationship within the last three years. This sheet must also include any facilities licensed by the California Department of Social Services. The following must be completed for each facility and/or agency:</p> <ul style="list-style-type: none"> <li>• Facility name</li> <li>• Facility address</li> <li>• Type of facility</li> <li>• Type of business entity (include EIN Number)</li> <li>• Individual's nature of involvement</li> <li>• Individual's dates of involvement</li> </ul>
	<p>Supporting Documents</p>	<p><b>RESUME</b> [22 CCR sections 79777, 79629 and 79775]</p> <p>A resume is required for the Administrator, Director of Nursing and Medical Director (Medical Director N/A if contracted)</p>
	<p>Supporting Documents</p>	<p><b>GOVERNING BOARD LETTERS</b> [22 CCR section 79773]</p> <p>Submit a Governing Board Letter indicating the Appointment of the Medical Director and the Administrator</p>

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	Supporting Documents	<p><b>ADMINISTRATOR QUALIFICATIONS</b> [22 CCR section 79777(d)]</p> <p>The Administrator shall submit a copy of one of the following qualifications:</p> <ul style="list-style-type: none"> <li>• Master’s degree in Health Services Administration</li> <li>• Master’s degree in a health-related field</li> <li>• Bachelor’s degree in a health-related field</li> <li>• State civil service appointment as a Correctional Health Services Administrator</li> </ul>
	Supporting Document	<p><b>PROFESSIONAL LICENSES</b> [22 CCR sections 79629, 79775]</p> <ul style="list-style-type: none"> <li>• An active registered medical license is required for the Medical Director</li> <li>• An active registered nursing license is required for the Director of Nursing</li> <li>• Provide a printout of the current license from the Department of Consumer Affairs (<a href="https://search.dca.ca.gov/">https://search.dca.ca.gov/</a>)</li> </ul>
	HS 309 1 <sup>st</sup> Page	<p><b>ADMINISTRATIVE ORGANIZATION</b></p> <p>Along with the HS 309, the following supporting documents according to organizational type must be submitted:</p>
	HS 309 2 <sup>nd</sup> Page	<p><b>ORGANIZATIONAL STRUCTURE</b></p> <p>Only complete fields that are applicable to applicant’s entity type</p>
	Supporting Documents	<p><b>PUBLIC AGENCY</b></p> <p>Copy of signed Resolution</p>
	Supporting Documents	<p><b>PUBLIC AGENCY</b></p> <p>Submit a web-based map</p>

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	STD 850	<p><b>FIRE SAFETY INSPECTION REQUEST</b> [Title 22 CCR sections 79583, 79825]</p> <p>The STD 850 form must be submitted or a similar form from the fire authority that contains equivalent information as the STD 850 form. The OSHPD Fire Life &amp; Safety (FLS) Inspection approval does not replace this form.</p> <p>This form is not required for a CHOW unless alterations to an existing building or new construction occurs.</p>
	CDPH 609	<p><b>BED OR SERVICE REQUEST</b> [Title 22 CCR section 79581]</p> <ul style="list-style-type: none"> <li>• For new facilities or initial licensure, complete the columns marked “Requested Beds” and “Requested Services”</li> <li>• For currently licensed facilities or Change of Ownership complete the columns marked “Existing Beds” and “Existing Services” and the columns marked “Requested Beds” and “Requested Services”</li> <li>• For CHOW applications, the information marked in the “Existing” and “Requested” fields must be the same</li> <li>• List of services to be offered (only if additional space is needed to input all services)</li> </ul>

**REQUIRED DOCUMENTS FOR A CHOW ONLY**

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	Supporting Documents	<p><b>In addition to the forms required for an Initial application listed above submit the documents requested below:</b></p> <ul style="list-style-type: none"> <li>• Copy of Purchase Agreement or Operating Transfer Agreement</li> <li>• A letter from the prospective licensee (to CDPH) stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee</li> </ul>